

Parental consent form for students aged under 18

We want to make sure that your child is safe and happy while studying in the UK. To help us, we ask you (the parent or legal guardian) to complete this form for any student aged under 18 who is enrolled at Eurospeak Language School.

Please note that the student will not be able to start the course until the form is received by Eurospeak.

Eurospeak does not organise any trips, social activities, transport or accommodation for individual under 18s.

involved in caring	for your child		basis during	to people who are directly the time when they are professionals.
Student details				
First name:		Family name:		Gender: male/female
Date of birth:		Nationality:		First language:
Passport number:		Passport expiry da	ate:	
Parents' or guard	ian's details			
1.				
Title:	First name:		Family name	e:
Relationship to child:			First language:	
Address:				
Mobile phone:			Email:	
2.				
Title:	First name	:	Family name	e:
Relationship to child:			First language:	
Address:				
Mobile phone:			Email:	

YES □ NO □

YES □ NO □

YES □ NO □

YES □ NO □

YES \square NO \square

YES □ NO □

YES □ NO □



Travel

I give consent for my son/daughter to travel to the UK and study at Eurospeak.

I acknowledge that I am responsible for my son/daughter's travel between Eurospeak and his/her accommodation, and their safety and wellbeing outside of class hours

I agree that my son/daughter can travel unaccompan	_	
 between the school and his/her accommodati 	on. YES □ NO □	
Accommodation		
Eurospeak does not organise accommodation for indicannot perform safeguarding checks on where they at the safety and suitability of the accommodation for you are not accompanying them.	re staying. Please ensure that you are confident of	
I will be accompanying my son/daughter in the UK	YES \square NO \square	
If your son/daughter is staying with family members	or is in accommodation arranged by you, please	
give full details:		
Name of responsible adult in the accommodation: Relationship to the child:	Date of birth:	
Address: Mobile phone:		
Email:		
Unsupervised time		
I give permission for my son/daughter to have unsu Reading during the time between the end of morning the beginning of afternoon classes.	·	
Medical		
Please tell us about any problems. If we are not told in we reserve the right to terminate the student's cours Does your son/daughter have:	• •	
Asthma or bronchitis	YES □ NO □	
Heart condition	YES NO	
Fits, fainting or blackouts	YES \sqcap NO \sqcap	

• Any mental health problems (including eating disorders, hyperactivity)?

Severe headaches

Travel sickness

Allergies to known medicines

Bed-wetting/incontinence

• Other allergies e.g. materials, food, plasters

Diabetes





Is your son/daughter on regular medication? Does your son/daughter require regular hospital treatment? Does your son/daughter take any medication which he/she will bring with him/her? Is there anything else we should know about?	YES					
If the answer to any of the questions above is YES, please give details:						
	_ _ _					
	_					
In case of minor pain or illness such as headache, mild cold or sore throat, do you your son/daughter being given non-prescription medication such as Paracetamol medicine, throat pastilles, antihistamine or travel sickness tablets? In case of an emergency do you give permission for a responsible person in Eurospe medical treatment? Of course, every effort will be made to contact you, the child's parents/guardians, possible.	, cough YES					
Attendance						
If a student under 18 does not arrive 15 minutes after the start of the class, the teach administration team who will attempt to contact the student and the responsible adult ascertain their whereabouts. If it is not possible to contact the student or responsible parent/guardian (if outside the UK) and the police will be alerted.	t based in the UK to					
Students are expected to attend all scheduled classes at the stated times. If you wi to be absent from the course at any time, please contact Eurospeak directly so that arrangements can be made.	-					
Photographs and video clips						
I understand that Eurospeak may take photographs or video clips of students durin leisure activities and that these images may be used in Eurospeak's publicity or on media site.	_					
	ES 🗆 NO 🗆					
·	ES □ NO □ ES □ NO □					
Students aged 16 and 17 on adult courses						
I consent for my 16/17 year old son/daughter to enrol on an adult course if there is junior course available	no suitable					
I understand that: • my son/daughter will come into regular contact with other students over the in class Y	e age of 18 ES \square NO \square					



Consent

confirm that the above	e details are accurate	and complete.
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I agree to the terms and conditions

I have discussed the agreed arrangements and rules with my son/daughter.

Signature of the parent/guardian:

I have discussed the agreed arrangements and rules with my parent/guardian. Signature of the student:

Full details of Eurospeak's Safeguarding Policy can be found at <u>Safeguarding Policy</u>